

01- R-1853

Entered - 09-14-00 - sb  
CL 00L0566 - ALEXIS HOLMES

CLAIM OF: **CHERYL HARMS**  
127 Clay Street  
Atlanta, Georgia 30317

For vehicular damages alleged to have been sustained as a result of a  
caved-in storm drain located in the right away on the claimant's  
property on August 24, 2000 at 127 Clay Street.

THIS ADVERSE REPORT IS APPROVED

BY: Rosalind Rubens Newell  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0566

Date: 11/02/01

Claimant /Victim CHERYL HARMS

BY: (Atty) \_\_\_\_\_

Address: 127 Clay Street Atlanta, Georgia 30317

Subrogation: Claim for Property damage \$ 348.80

Bodily Injury \$ \_\_\_\_\_

Date of Notice: 9/30/00

Method: Written, proper X

Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X

Ante Litem (6 Mo.) X

Date of Occurrence 8/24/01

Place: 127 Clay Street

Department Public Works

Division: Sewer Operations

Employee involved \_\_\_\_\_

Disciplinary Action: \_\_\_\_\_

**NATURE OF CLAIM:** The claimant alleges she sustained damages after her vehicle dropped into a collapsed storm drain located in the right-away on her property. The City had not received notice that the defect existed prior to the claimant's incident. Therefore, pursuant to O.C.G.A. § 32-4-93 the City is relieved of any and all liability resulting from the defect. The City has taken the necessary steps to repair the storm drain and make the claimant's driveway area safe. Furthermore, this incident occurred in front of the claimant's residence and she was on notice of the defect, and should have exercised caution to avoid the hazard.

**INVESTIGATION:**

Statements: City employee \_\_\_\_\_ Claimant X Other X Written X Oral X  
Pictures X Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other \_\_\_\_\_  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

**BASIS OF RECOMMENDATION:**

Function: Governmental \_\_\_\_\_ Ministerial X  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

Alexis Holmes  
INVESTIGATOR - ALEXIS HOLMES

**RECOMMENDATION:**

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager: [Signature] Concur/date 11-02-01  
Committee Action \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 8/30/2000

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 350.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 8/24/2000 2. Time of Incident: 1900 3. Police called: X  
(month/day/year) Yes No
4. Location of incident (including street address): driveway 127 Clay St. Atlanta, Ga. 30317
5. Name of your insurance company: Allstate Policy No. 09572160010/21
6. State what and how incident occurred: While backing out of my driveway my Right Front tire Fell into the open storm drain. The drain encroaches my driveway creating the hazard that produced the accident.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: Honda Accord 2000 262 SBY Cheryl L Harms  
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: NIA  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Barb McFerrer 127 Clay St. 404-373-4879  
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Cheryl Harms  
Signature of Claimant

Cheryl L Harms  
(Print Claimant's Name)

127 Clay St.  
(Address)

Atlanta, Georgia, 30317  
(City, State and Zip Code)

404-845-5569 404-373-4879  
(Work Number) (Home Number)